

drain, 4 (10%) an endotracheal tube and 4 (10%) an orthopaedic traction splint. Numbers did not increase significantly following ATLS. Confidence to perform trauma procedures unsupervised was unaffected by ATLS completion. Confidence to assess trauma patients did improve. No trainees had performed diagnostic peritoneal lavage, venous cut down, intra-osseous line insertion, surgical or needle cricothyroidotomy.

Conclusion: CST in the Northern Deanery report limited exposure to trauma.

ATLS has minimal affect on trainees confidence to perform trauma related procedures. ATLS does improve their confidence to assess trauma patients

0214: IS THE INJURY SEVERITY SCORE (ISS) RELEVANT IN COMPLEX LOWER LIMB TRAUMA?

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Introduction: Injury Severity Score (ISS) is an anatomical scoring system that provides an overall score for patients with multiple injuries. Major trauma is defined as ISS score equal or more than 16. Our aim was to study the relationship between ISS and return of limb function after open fractures of the lower limb when treated in a specialist centre.

Methods: Retrospective case note analysis of 50 patients with lower limb trauma requiring free flap coverage. We examined age, mechanism of injury, type of fracture, Gustilo classification, ISS score, hospital stay, complications and Enneking score to measure outcome.

Results: The mean age of patients at time of surgery is 44.1 yrs (range 5–90). 38% of patients had road traffic accidents, 30% had a fall. 52% had Gustilo 3B fractures while 26% had closed fractures initially. We had 2 flap failures. The average ISS score is 8.3 (range: 1 to 26).

Conclusion: Mean ISS for patients with severe complex lower limb trauma was 8.3. These patients would not have been referred to a major trauma centre based on the ISS; however, they are best treated in a specialist centre indicating that a specialist Ortho-Plastic centre is integral to a Major trauma centre.

0233: LAPAROSCOPIC APPENDICECTOMY: ARE WE DOING TOO MANY THAT ARE AVOIDABLE?

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Introduction: Appendicitis is the most common intra-abdominal condition requiring surgery. Non-appendiceal pathologies in the right iliac fossa (RIF) can clinically mimic appendicitis raising diagnostic doubt.

The use of laparoscopy in managing RIF pain has increased the negative appendicectomy rate.

Aim: Can biochemical and radiological investigations be used to guide the decision for laparoscopy.

Methods: All patients undergoing emergency diagnostic laparoscopy or laparoscopic appendicectomy over 10 months at the Heart of England Foundation Trust retrospectively analysed. Data collected on white cell count (WCC), C Reactive Protein (CRP), ultrasound scan (USS) findings, laparoscopic findings and histology.

Results: N=221 representing 15% of patients presenting with RIF pain. F:M ratio 3:1. Negative appendicectomy rate 27%. 70/221 patients had WCC, CRP and USS performed. Where all three investigations are normal the positive predictive value for a normal appendix is 92% (95% CI 66.7–98.6) with a specificity of 82% and sensitivity 38%.

Discussion: Published literature has looked at WCC and USS findings independently to predict appendicitis however a combination of WCC, CRP and USS findings as a single predictor has not previously been reported.

Where all three parameters are normal it strongly predicts for a normal appendix and so initial conservative management can be pursued.

0328: AN AUDIT OF EMERGENCY CT IMAGING REPORTING IN ACUTE GENERAL SURGICAL PATIENTS

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Aim: To audit the frequency, causative factors and impact on patient care of delayed amendments to emergency CT imaging reports in a District General Hospital

Methods: 731 consecutive emergency surgical admissions over an 8-week period were studied. 240 emergency CT scans were performed and imaging reports analyzed for amendments made following initial publication. Amendments were classified into major or minor based upon the degree of initial reporting inaccuracy and impact on patient care

Results: 32.8% of patients had emergency CT imaging performed producing 240 imaging reports 19.6% (47) of CT reports were amended following publication:

25 53.2%) minor amendments; 26 22 (46.8%) major amendments
Impact of out-of-hours and weekend reporting on the frequency of amendments to CT reports: 46.8% of amendments during weekend reporting; 32% of amendments during out-of-hours reporting; 21.2% of amendments during normal hours; Delay in amendments being made to imaging reports significantly increased at weekends and out-of-hours

Conclusions: A significant number of imaging reports are subject to change following publication of an initial reporting of imaging at weekends and out-of-hours increases the frequency of amendments being made
Initial mis-reporting of CT imaging in the acute surgical patient can adversely affect patient care

0338: IS THAT A RING I SEE? RADIOLOGICAL REVIEW OF ALL HAND & WRIST TRAUMA AT STAFFORD HOSPITAL IN 2010

Thomas Moores, David Morley. *Stafford General Hospital, Staffordshire, UK*

Introduction: Trauma surgeons teach that part of “basic first aid” in the treatment of upper limb injury that rings should be removed during the initial assessment, preventing complications of oedema secondary to trauma, because rings are a fixed diameter and act as a tourniquet for that distal digit. No national or local guidelines exist for ED clinicians that recommend ring removal as part of upper limb trauma initial assessment.

Methods: A retrospective radiological review of all hand, wrist, scaphoid and finger trauma at Stafford General Hospital's between 1st January and 31st December 2010. All radiographs were reviewed noting the presence of rings and the associated injury.

Results: There were a total of 5140 radiographs taken for wrist and hand trauma in 2010, with 191 rings not removed as part of the initial assessment or prior to a radiograph being taken. 70/191 radiographs with rings visible had an associated fracture, dislocation, or soft tissue injury.

Discussion: The standards are not being met for “basic first aid” assessment and management of upper limb trauma, this may be because there is no local or national guidance, or evidence in the trauma literature upon the removal of rings as part of this assessment.

0344: EXPERIENCES OF LOWER LIMB OPEN FRACTURE MANAGEMENT AT THE ROYAL UNITED HOSPITAL, BATH

William Carlino, Caroline Bartolo, Gavin Jennings. *Royal United Hospital, Bath, UK*

Aim: The aim of this audit was to review open lower limb fracture management at the Royal United Hospital and identify adherence to the British Orthopaedic Association Standards for Trauma 4 (BOAST 4).

Method: We retrospectively collected data on all open lower limb fractures between September 2009 and January 2011.

Results: We identified thirteen consecutive open lower limb fractures. Antibiotics were appropriately administered on admission in 15% of patients. 62% had a photograph documented. 92% had a saline soaked dressing applied, neurovascular status documented while 85% had the fracture splinted before x-ray.

60% of patients were discussed with plastics and underwent early transfer. 80% of patients had wound debridement within 24 hours. 67% had definitive treatment within seventy two hours.

Conclusion: The management of open lower limb fractures was suboptimal. As with all audits the areas highlighted in which teams are underperforming may reflect poor management, poor documentation or both. Clearly there it is also a priority to ensure all new Emergency Department and Orthopaedic trainees are aware of BOAST 4 standards. The antibiotics failures reflects delayed updates in local policy, the microbiology department are aware. An open fracture pro-forma and poster campaign has been initiated. A re-audit is planned.